SLP-033

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**DECLARATION FOR UTILITY OR** 

Number

DESIGN	First Named Inventor	Solomon, Lawrence					
PATENT APPLICATION	COM	ETE IF KNOWN					
(37 CFR 1.63)	Application Number						
Declaration Submitted OR  Declaration Submitted after	Filing Date	August <b>23</b> , 2006					
With Initial Filing (surcharge	Art Unit						
Filing (37 CFR 1.16 (e required)	Examiner Name						
I hereby declare that:							
Each inventor's residence, mailing address, and citiz	enship are as stated below next to th	eir name.					
I believe the inventor(s) named below to be the origing which a patent is sought on the invention entitled:	nal and first inventor(s) of the subject	matter which is claimed and for					
PHARMACEUTICAL TABLETS HAVING	G A SEPARATION MARK F	POSITIONED ON THE					
SIDE OF SAID TABLETS							
the specification of which	(Title of the Invention)						
is attached hereto							
<del></del>							
— OR							
	as United States App	lication Number or PCT International					
	as United States App	lication Number or PCT International					
was filed on (MM/DD/YYYY)	as United States App	lication Number or PCT International (if applicable).					
was filed on (MM/DD/YYYY)  Application Number PCT/US2005/018638 and was I hereby state that I have reviewed and understand the	as amended on (MM/DD/YYYY) ne contents of the above identified sp	(if applicable).					
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

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Name						
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numbers (other than a check the USPTO to support a petit the USPTO, petitioners/applic them to the USPTO. Petitio publication of the application or issuance of a patent. Fur application is referenced in authorization forms PTO-203 publicly available.  I hereby declare that all state and belief are believed to be statements and the like so may false statements may jeopard.	ition or an applica cants should consoner/applicant is a (unless a non-put inthermore, the recapublished app 38 submitted for perments made here be true; and furthade are punishab	ation. If this type of sider redacting such advised that the red blication request in coord from an aband plication or an issued by the coord from the coord from the coord from the coord from an aband plication or an issued by the coord from the	personal information personal	ermation is inclusive that application ith 37 CFR 1.21 tion may also like 37 CFR 1.22 tion the application the application that all seemade with the application that all seemade with the application ithe application ithe application ithe application ithe application ithe application it is applicated by the application in the application it is applicated by the application in the application is application in the application in the application is application in the application in the application in the application is application in the appl	ided in the document is availated in the document in the docum	documents submitted to uments before submitting illable to the public after made in the application) illable to the public if the Checks and credit card ille and therefore are not ents made on information wledge that willful false
NAME OF SOLE OR FIRST I	INVENTOR:	ПАр	etition has be	en filed for this	unsign	ed inventor
Given Name (first and middle [if any]) Family Name or Surna						
Lawrence			Sc	olomon		
Inventor's Signature	*		•			Date
Residence: City	State		Country		Citizen	ship
Boca Raton	Florida	rida		l	JS	<u>-</u>
Mailing Address 7810 Alton Villa Ct						
City	State		Zip		<del></del>	Country
Boca Raton	Florida	Florida		33433		JSA
Additional inventors or a legal r	representative are beir	ng named on the 1	supplement	al sheet(s) PTO/SB	/02A or 0	02LR attached hereto.

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DECLARATION		Supplemental Sheet Page / of /						
Name of Additional Joint Inventor, if any	<i>y</i> :	A petition	has been filed for this u	nsigned	inventor			
Given Name (first and middle (if any))		Family Name or Surname						
Allan S.		Kaplan						
Inventor's Signature		and the second s			Date			
Boca Raton Residence: City	Florida State		USA Country		us Citizenship			
7011 Mallorca Cresent								
Mailing Address								
Boca Raton City	Florida State		33433 Zip	USA Country				
Name of Additional Joint Inventor, if any	<i>ı</i> :	A petition	has been filed for this u	nsigned	inventor			
Given Name (first and middle (if any))		Family Name or Surname						
Inventor's Signature		Date						
Residence: City	State		Country		Citizenship			
Mailing Address					·			
Walling Address								
City	State	Zip		Country				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any))		Family Name or Surname						
		14						
Inventor's Signature			Date					
Residence: City	State		Country		Citizenship			
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